



**CITY OF MIAMI GARDENS
CODE COMPLIANCE DIVISION**
Request For Special Event

Your request will be reviewed by the department director, you should receive a response within two (2) weeks.

Date of Application _____

Applicant Last Name _____ First _____

Contact Number _____ Email _____

Event Date _____ Event Time _____ To _____

Reason for Event in Detail (Please attach a separate page, if needed)

Description of Event

Event Location _____ # of People Expected _____

For Commercial Locations, do you have a current

☐ Business Tax Receipt ☐ Certificate of Use ☐ Alarm Registration

Do you have any open Code Violations at the event location? _____

Please check all you intend on having at this event

☐ Music

☐ Alcohol

☐ Food

☐ Live Entertainment

☐ Parade

☐ Road Blockage

☐ Tent(s) # _____ Size of each tent _____

☐ Bounce House(s) # _____

☐ Other (please describe) _____

Signature of Applicant _____